Parkinson's disease

Early Parkinson's Disease

Latest update: 2010. **Next update**: 2013. **Patient group**: Adults with early, uncomplicated Parkinson's Disease. **Intended audience**: Clinicians managing patients with early Parkinson's Disease. **Additional versions**: Nil. **Expert working group**: A task force of 20 experts representing the European Federation of Neurological Societies (EFNS) and the Movement Disorders Society (European Section) were involved in developing these guidelines. This guideline development group included neurologists and a physiotherapist who represented 15 European countries: Germany, Italy, Netherlands, United Kingdom, Norway, Portugal, Poland, Czech Republic, Serbia, Belgium, Sweden, Austria, France, Switzerland and Spain. **Funded by**: European Federation of Neurological Societies, Movement Disorders Society (European Section), and Competent Network Parkinson. **Consultation with**: Not indicated. **Approved by**: European Federation of Neurological Societies. **Location**: The guidelines are available at the EFNS website: http://www.efns.org/Guideline-Archive-by-topic.389.0.html

Description: These guidelines present evidence for interventions to manage early stage, uncomplicated Parkinson's Disease. This includes pharmacological and non-pharmacological interventions. The evidence for pharmacological agents to provide neuroprotection or disease modification, such as a delay in disease progression, is discussed, with no trials demonstrating unequivocal evidence to date. The guidelines then detail many pharmacological interventions (eg, anticholinergics, amantadine, MAO-B inhibitors, COMT inhibitors, levodopa, and dopamine agents), giving information about their mechanism of action and side effects. The evidence available for these agents to provide symptomatic treatment of motor and non-motor symptoms in early PD is then presented, with efficacy compared between different types of agents. The evidence for non-pharmacological treatment is then provided, with the majority of this related to physiotherapy interventions. Evidence is provided for several exercise-based interventions including cueing strategies, resistance exercise, aerobic training, treadmill training, Tai Chi, and Qigong. All 198 cited references are listed at the end of the document.

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Bronchiectasis

Bronchiectasis

Latest update: July 2010. **Next update:** Not indicated. **Patient group**: Adults and children presenting with non-cystic fibrosis bronchiectasis. These are patients with symptoms of persistent or recurrent bronchial sepsis related to irreversibly damaged and dilated bronchi. **Intended audience**: Clinicians who manage patients with non-CF bronchiectasis. **Additional versions**: Nil. **Expert working group:** The guideline group consisted of 21 experts, including adult physicians, paediatricians, specialist nurses, physiotherapists, microbiologists, a general practitioner, surgeon, immunologist, radiologist, and a patient representative. **Funded by**: Not indicated. **Consultation with**: External peer reviewers were consulted. **Approved by**: British Thoracic Society. **Location**: Pasteur MC, Bilton D, Hill AT (2010) Guidelines for non-CF bronchiectasis. *Thorax* 65(S1): 1-64. http://www.brit-thoracic.org.uk/Clinical-Information/Bronchiectasis/Bronchiectasis-Guideline-(non-CF).aspx

Description: This 64 page document presents evidence-based clinical practice guidelines on the background, potential causes, clinical assessments, investigations, and management of adults and children with non-CF bronchiectasis. It begins with a 6-page summary of all recommendations. The guidelines then provide information on the potential underlying causes of bronchiectasis, and its associations with other pathologies. The clinical presentation in both adults and children is detailed, and evidence for diagnostic investigations is provided,such as immunological tests, radiological investigations, sputum microbiology, and lung function tests. General principles of management are indicated, followed by evidence for physiotherapy in this condition. This includes interventions such as airway clearance techniques, active cycle of breathing techniques, manual techniques, positive expiratory pressure, autogenic drainage, high frequency chest wall oscillation, and exercise. The evidence for the use of airway pharmacotherapy such as mucolytics, hyperosmolar agents, bronchodilators, inhaled corticosteroids and leukotriene receptor antagonists are detailed, followed by evidence for management using antibiotics. Recommendations are given for assessments needed in patients with acute exacerbations in the outpatient and inpatient sector, with criteria provided to determine when inpatient treatment of an acute exacerbation is required. Finally, evidence for surgery, complications and management of the advanced disease is provided. All 549 cited references are provided.

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